



C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

IDAHO DEPARTMENT OF HEALTH & WELFARE

DEBBY RANSOM, R.N., R.H.I.T – Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-6626
FAX: (208) 364-1888
E-mail: fsb@dhw.idaho.gov

February 18, 2010

Kathy Prophet, Administrator
Preferred Community Homes-- Fieldstone
7091 West Emerald Street
Boise, Idaho 83704

RE: Preferred Community Homes-- Fieldstone, Provider #13G030

Dear Ms. Prophet:

This is to advise you of the findings of the Medicaid/Licensure Fire Life Safety Survey, which was concluded at Preferred Community Homes - Fieldstone, on February 8, 2010.

Enclosed is a Statement of Deficiencies/Plan of Correction, Form CMS-2567, listing Medicaid deficiencies and a similar form listing State licensure deficiencies. In the spaces provided on the right side of each sheet, please provide a Plan of Correction. **It is important that your Plan of Correction address each deficiency in the following manner:**

1. What corrective action(s) will be accomplished for those individuals found to have been affected by the deficient practice;
2. How you will identify other individuals having the potential to be affected by the same deficient practice and what corrective action(s) will be taken;
3. What measures will be put in place or what systemic change you will make to ensure that the deficient practice does not recur;
4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and,
5. Include dates when corrective action will be completed. 42 CFR 488.28 states ordinarily a provider is expected to take the steps needed to achieve compliance

Kathy Prophet, Administrator
February 18, 2010
Page 2 of 2

within 60 days of being notified of the deficiencies. Please keep this in mind when preparing your plan of correction. For corrective actions which require construction, competitive bidding, or other issues beyond the control of the facility, additional time may be granted.

Sign and date the form(s) in the space provided at the bottom of the first page.

After you have completed your Plan of Correction, return the original to this office by **March 3, 2010**, and keep a copy for your records.

Thank you for the courtesies extended to us during our visit. If you have any questions, please call or write this office at (208) 334-6626.

Sincerely,

A handwritten signature in black ink, appearing to read 'Tom Mroz', with a long horizontal flourish extending to the right.

TOM MROZ
Health Facility Surveyor
Fire Life Safety & Construction Program

TM/lj

Enclosure

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 02/11/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13G030	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____	(X3) DATE SURVEY COMPLETED 02/08/2010
NAME OF PROVIDER OR SUPPLIER PREFERRED COMMUNITY HOMES - FIELDST		STREET ADDRESS, CITY, STATE, ZIP CODE 2774 NORTH OLDSTONE WAY MERIDIAN, ID 83642		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	<p>INITIAL COMMENTS</p> <p>The facility is a single story, Type V(000) , residential building. The building is protected throughout except in the garage and attic by a NFPA 13 D fire sprinkler system with quick response sprinkler heads. There is a complete fire alarm/smoke detection system. The facility was built in April of 1996. Currently it is licensed for 8 ICF/MR beds.</p> <p>The following deficiencies were cited at the above facility during the annual Fire/Life Safety survey conducted on February 8, 2010. The facility was surveyed under the LIFE SAFETY CODE, 2000 Edition, Chapter 33, Existing Residential Board & Care Occupancies, Impractical Evacuation Capability in accordance with 42 CFR 483.470 (j).</p> <p>The Survey was conducted by:</p> <p>Tom Mroz CFI-II Health Facility Surveyor Fire/Life Safety and Construction</p>	K 000	<p>RECEIVED</p> <p>FEB 24 2010</p> <p>FACILITY STANDARDS</p>	
K0119	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD</p> <p>Other hazardous areas are protected in accordance with 33.2.3.2.3 by one of the following:</p> <p>(1) An enclosure having a fire resistance rating of not less than ½ hour, with a self-closing or automatic-closing door in accordance with 7.2.1.8 that is equivalent to not less than a 1¾ inch (4.4 cm) thick, solid-bonded wood core construction.</p> <p>(2) Automatic sprinkler protection in accordance</p>	K0119	<p>K0119 483.470(j)(1)(i) LIFE SAFETY CODE STANDARD</p> <p>The facility will ensure that a ½-hour rated construction on the ceiling of the gas-fired hot heater room will be installed.</p> <p>Person Responsible: Maintenance, RSC Completion date: 2-26-10 Monitoring: Monthly</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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K0119	<p>Continued From page 1 with 33.2.3.5, regardless of enclosure.</p> <p>This Standard is not met as evidenced by: Based on observation, the facility failed to provide 1/2-hour rated construction on the ceiling of the gas-fired hot water heater room. The deficient practice would affect 4 residents and staff, in one of one smoke compartments. The facility has the capacity for 8 licensed beds with a census of 4 on the day of the survey.</p> <p>Findings include:</p> <p>On facility tour between 3:00 P.M. and 4:00 P.M. on February 8, 2010, observation revealed the three foot by five foot 1/2 hour rated ceiling in the gas-fired hot water heater room was missing.</p> <p>The finding was acknowledged by an Administrator at the exit interview on February 10, 2010.</p> <p>Actual NFPA standard:</p> <p>NFPA 101 §33.2.3.2.3 Other hazardous areas shall be protected by one of the following: (1) An enclosure having a fire resistance rating of not less than 1/2 hour, with a self-closing or automatic-closing door in accordance with 7.2.1.8 that is equivalent to not less than a 13/4-in. (4.4 -cm) thick, solid-bonded wood core construction (2) Automatic sprinkler protection in accordance with 33.2.3.5, regardless of enclosure.</p>	K0119			

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K0119	Continued From page 2	K0119			

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13G030	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____	(X3) DATE SURVEY COMPLETED 02/08/2010
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M 000	16.03.11 Initial Comments The facility is a single story, Type V(000) , residential building. The building is protected throughout except in the garage and attic by a NFPA 13 D fire sprinkler system with quick response sprinkler heads. There is a complete fire alarm/smoke detection system. The facility was built in April of 1996. Currently it is licensed for 8 ICF/MR beds. The following deficiencies were cited at the above facility during the annual Fire/Life Safety survey conducted on February 8, 2010. The facility was surveyed in accordance with IDAPA 16.03.11. The Survey was conducted by: Tom Mroz CFI-II Health Facility Surveyor Fire/Life Safety and Construction	M 000	<p>RECEIVED</p> <p>FEB 24 2010</p> <p>FACILITY STANDARDS</p> <p>MM309 16.03.11.110 FIRE AND LIFE SAFETY STANDARDS</p> <p>Refer to K0119</p>	
MM309	16.03.11.110 Fire and Life Safety Standards Buildings on the premises used as facilities must meet all the requirements of local, state and national codes concerning fire and life safety standards that are applicable to ICF/MR facilities. This Rule is not met as evidenced by: Refer to federal deficiency K119 listed on the CMS 2567 form.	MM309		
MM326	16.03.11.110.02(g) Portable Comfort Heating Devices The use of portable comfort heating devices of any kind is prohibited. This Rule is not met as evidenced by: Based on observation, the facility failed to ensure	MM326		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

021199

S68N21

If continuation sheet 1 of 2

Bureau of Facility Standards

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MM326	<p>Continued From Page 1</p> <p>that portable space heating devices were not in use in sprinkler control rooms. The deficient practice would affect residents and all staff in one of one smoke compartments in the facility. The facility has the capacity for 8 licensed beds with a census of 4 on the day of the survey.</p> <p>Findings include:</p> <p>On facility tour between 3:00 P.M. and 4:00 P.M. on February 8, 2010, observation revealed that an unattended portable space heating device was being utilized to provide heat in the fire sprinkler control room.</p> <p>The finding was acknowledged by an Administrator at the exit interview on February 10, 2010.</p>	MM326	<p>MM326 16.03.11.110.02(g) PORTABLE COMFORT HEATING DEVICES</p> <p>The facility has removed the portable space heater from the fire sprinkler control room.</p> <p>Person Responsible: Maintenance, RSC Completion date: 2-10-10 Monitoring: Monthly</p>	